

## **HEALTH QUARTERLY STATEMENT**

AS OF JUNE 30, 2003
OF THE CONDITION AND AFFAIRS OF THE

## CIGNA HEALTHCARE OF MAINE, INC.

| NAIC Group Code _                  | (Current Period)                              | (Prior Period)                    | AIC Company Code9                     | Employe                            | er's ID Number 01-0418220                  |  |  |
|------------------------------------|---|-----------------------------------|---------------------------------------|------------------------------------|--|--|--|
| Organized under the                | ,   | ,                                 | State of D                            | omicile or Port of Ent             | ry Maine                                   |  |  |
|                                    |   | Wallo                             |                                       |                                    |  |  |  |
| Country of Domicile                |   |                                   | United States of                      | America                            |  |  |  |
| Licensed as business               | type: Life, Accid                             | Life, Accident & Health [ ] Prope |                                       | Dental Service Co                  | rporation [ ]                              |  |  |
|                                    | Vision Ser                                    | vice Corporation [ ]              | Other [ ]                             | Health Maintenand                  | ce Organization [ X ]                      |  |  |
|                                    | Hospital, N                                   | Medical & Dental Service          | e or Indemnity [ ]                    | Is HMO, Federally                  | Qualified? Yes [ X ] No [ ]                |  |  |
| Incorporated                       | 03/   | 01/1986                           | Commenced Business                    |                                    | 04/01/1987                                 |  |  |
| Statutory Home Office              |   | 2 Stonewood D                     | rive ,                                | Free                               | port, ME 04032-0447                        |  |  |
| ·                                  |   | (Street and Number                | er)                                   | (City o                            | or Town, State and Zip Code)               |  |  |
| Main Administrative Of             | ffice   |                                   |                                       | wood Drive                         |  |  |  |
|                                    | Freeport, ME 040                              | 32-0447                           | · ·                                   | nd Number)<br>207-86               | 5-5000                                     |  |  |
|                                    | (City or Town, State and                      |                                   | <del></del>                           | (Area Code) (Tel                   |  |  |  |
| Mail Address                       | 900 (   | Cottage Grove Road                |                                       | Hartford, CT 06152-1228            |  |  |  |
|                                    |   | and Number or P.O. Box)           | · · · · · · · · · · · · · · · · · · · | (City or Town, State and Zip Code) |  |  |  |
| Primary Location of Bo             | oks and Records                               |                                   | 90                                    | 00 Cottage Grove Roa               | ad   |  |  |
|                                    | Hartford CT 0611                              | 50 1000                           |                                       | (Street and Number)<br>860-220     | 2 6100                                     |  |  |
|                                    | Hartford, CT 0615<br>(City or Town, State and |                                   |                                       | (Area Code) (Tel                   |  |  |  |
| Internet Website Addre             | ess   |                                   | www.CIGN                              | IA.com                             | ,  |  |  |
| Statutory Statement Co             | ontact  | Tracy Lynn Trude                  | eau                                   | 3                                  | 360-226-6192                               |  |  |
|                                    |   | (Name)                            |                                       |                                    | (Area Code) (Telephone Number) (Extension) |  |  |
|                                    | tracy.trudeau@cig<br>(E-mail Addres           |                                   | <del></del>                           | 860-220<br>(FAX Ni                 |  |  |  |
|                                    | ,   | -,                                |                                       | ,                                  | ,  |  |  |
| Policyowner Relations              | Contact                                       |                                   |                                       | 2 Stonewwod Drive                  |  |  |  |
|                                    | Freeport, ME 040                              | (Street and Nu<br>32-0447         | mber)                                 | 800-24                             | 4-6224                                     |  |  |
| (City or Town, State and Zip Code) |   |                                   | <del></del>                           |                                    | ea Code) (Telephone Number) (Extension)    |  |  |
|                                    |   |                                   | OFFICERS                              |                                    |  |  |  |
| President                          | I   | Donald Michael Curry              |                                       | Secretary                          | David Eric Faiman #                        |  |  |
| Treasurer                          |   | Lynn Marie Wytas                  |                                       | <u> </u>                           |  |  |  |
|                                    |   | VI                                | CE PRESIDENTS                         |                                    |  |  |  |
|                                    | Patrick Frey                                  |                                   | Katherine Kaslly Fry                  |                                    | Robert Paul Hockmuth M.D.                  |  |  |
|                                    | chael Gerhard                                 |                                   | Barry Richard McHale                  |                                    | David Mathew Porcello                      |  |  |
|                                    | Mai Thi Thai<br>rnow Lamoreaux                |                                   | Lynn Marie Wytas<br>Edward M. Tanida  |                                    | Chuie Lan Yuen M.D.  Alan Marc Gottlieb    |  |  |
|                                    | esto Penaherra                                |                                   | Patrick Michael Jones                 |                                    | Alail Walt Gullies                         |  |  |
| OCSAI EIII                         | COLO I CHARICHA                               | <del></del>                       | i amon mioriaci cones                 |                                    |  |  |  |
|                                    |   | DIREC                             | TORS OR TRUST                         | EES                                |  |  |  |
| Katheri                            | ne Kaslly Fry                                 |                                   | William Allen Schaffer M.D            |                                    | Chuie Lan Yuen M.D                         |  |  |

| State of            | Connecticut                    |                  |                      |                      |               |         |
|---------------------|--------------------------------|------------------|----------------------|----------------------|---------------|---------|
| County of           | Hartford                       |                  |                      |                      |               |         |
| The officers of thi | s reporting entity, being duly | sworn, each depe | ose and say that the | ey are the described | d officers of | said re |
| 1 01                | tated above, all of the hereir |                  |                      |                      |               | ,       |

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

| Patrick Michael Jones (Vice President) President | David Eric Faiman (Assistant Secretary) Secretary | Lynn Marie Wytas<br>Treasurer |
|--|---|-------------------------------|
| Subscribed and sworn to before me this           |   |                               |
| day of , 2003                                    |   |                               |